

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 0 0 2	2. STATE Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2011
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 1937 of Social Security act CFR Part 440	7. FEDERAL BUDGET IMPACT
	a. FFY 2011 \$ 68,656,005
	b. FFY 2012 \$ 274,624,020

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Attachment 2.2 A pgs. 6A, 6B, 6B1 (TN. No 11-004) – DELETE Attachment 3.1 C pgs. 1-11 Attachment 2.2A pgs. 6A, 6B, 6B1 (TN. No. 11-004) – DELETE ** SEE REMARKS	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHEMENT (If Applicable) N/A
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10. SUBJECT OF AMENDMENT
Early Expansion

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00935-8184
13. TYPE NAME MIGUEL NEGRÓN-RIVERA	
14. TITLE EXECUTIVE DIRECTOR	
15. DATE SUBMITTED September 30, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED April 26, 2012
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Michael Melendez	21. TITLE Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS

**Please note, pen and ink changes to box 8 of the CMS-79 correcting the text to read "Attachment 3.1 pages. 1-11 (TN. No. 11-004) - DELETE" as well as adding the text "Attachment 2.2-A, pages 6a, 6b, and 6b1 (TN. No. 11-004) – DELETE". This is to reflect that these pages are being removed from the state plan as they are no longer applicable. Additionally, pen and ink changes were made to the footer of Attachment 2.2-A pages 6a, 6b, and 6b1 to reflect that the TN No: is 11-002.